Health Hub Research and Questions

Kickoff Topics

1 Pain points and problem statement

Problem Statement #1: How might we best serve Veterans who are trying to learn about and apply for VA health care while also making sure we have clear pathways to the My Health experience for Veterans who do have health care?

How do Veterans navigate to/from "learn/apply" and "manage" content?

How does the "learn/apply" and "manage" strategy for the health hub apply (or not apply) to the rest of the va.gov hubs?

What we know / Goals to accomplish

- Fragmented, multi-layered site makes it overwhelming and hard for Veterans to apply for their benefits
- VA has many different support systems, and content is making sure they're serving content at the correct points in the Veteran journey, even if it's at multiple points.
- Travel pay tool isn't helpful, so the VA has seen that the majority of people download the PDF and mail it in.

Questions to ask / People to talk to

- Percentage of Veterans who apply (and/or manage) online versus in person?
- HEC could get us phone and in-person data
- We should also look into Caregiver benefits, education and health payments
- Follow-up on Resources-and-Support-articles implementation with Danielle
- What are current Learn and Apply pain points?
- Are they Veteran-facing or VA-Facing?
- How much does something need to be broken down and structured?

Risks / Things to Keep in Mind

- Multiple goals and pressures for this project. Risk of losing what do we feel comfortable testing and monitoring in production?

Problem Statement #2: How might we create the best user experience for returning Veterans (with health care) to manage their health care online?

How best to represent "manage" health content and tasks on va.gov?

My Health as the only "My" space on the top nav.

My Health persistent across the auth and unauth experiences, on the top nav.

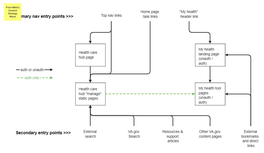
What we know / Things to confirm and keep in mind

- MHV is all manage, but we've asked Veterans who manage on MHV to find "Learn" tasks (FAQs, etc)
- Difference between MHV, Health Portal and e-Benefits (Veterans are confused and overwhelmed by the fragmented experience)
- Copay rates is a content type that relates to both learn and manage
- Fact-Sheet Consolidation tests (for 50 pgs from data tracking of Veteran confusion)
- e-Benefits is mostly migrated, but many Veterans still use it as their homepage and use it for wayfinding

Questions to answer

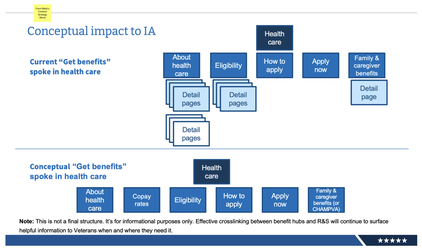
- What are current Manage pain points, both Veteran and VA-facing?
- Research question: if you need education while managing your care, where do you go?

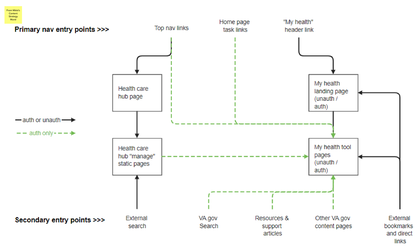
2 Current User Journey



3 Future State Journey

What does the future state look like? What will the experience be?





4 Getting input from stakeholders

What teams would we want to talk to? What topics do we want to discuss?

Dave Conlon

Samara Strauss (MyVA PO)

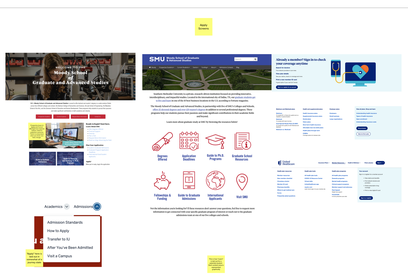
How would these efforts affect MyVA communications?

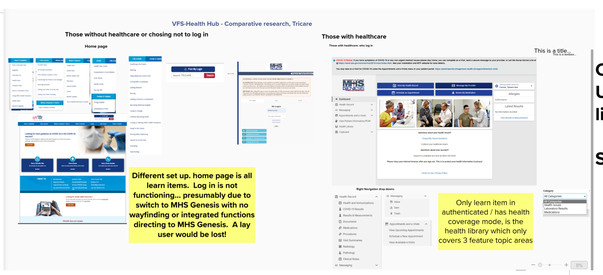
Lauren Alexanderson

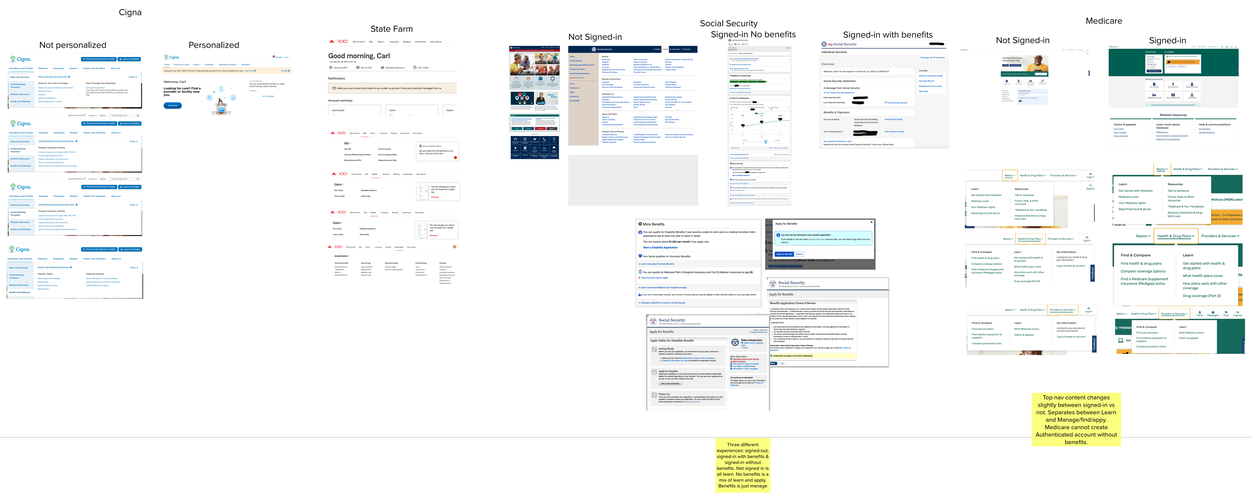
5 Comparative Research

A valued help to Forms team equals to "get tasks done" and "get back to" people who are busy as Veterans learn and apply for benefits, getting benefits and while managing benefits.

On these sessions, what parts of the "get" and "learn" experience seemed stressed? How did users guide both the users and those managing their benefits?







Open Questions

6 Open Questions

- Are we considering a phased approach to rolling out some of this? Or is it going to be all at once? (Noting that a phased approach might further fracture the experience)
- Is the "MyVA" button in the top right for sure going away, or is that a proposed state?
- Where in the process is Sitewide? More discovery? Pilot?
- Is there someone to speak with about the timeline of the research that has been done?
- What research has been done to uncover pain points along the Learn>>Apply<>Manage journey?
- Who do we need to talk to learn the insights from this research?
- What research is currently being conducted and planned for by the MHV on VAgov team?
- Can we observe these sessions??
- On the linked mural, in approach 2, it says the plan is to move all HH content under MHV. Is that still a certainty?
- Have key moments or need states been identified
- Would interviewing call center staff be useful to our research?
- Research question: How do Veterans search/navigate for information when they're signed in vs. noc; when they're actively managing their health care online vs not?
- Research question: if you need education while managing your care, where do you go?

COMPARATIVE RESARCH
Uncovering and understanding the relationship between content and potentially complex engagments like health care

SUMMARY:

- A highly fragmented landscape with few emergent patterns or "best pracitices"
- Common strategies include uncategorized and distributed content, context relevant content, and consolidated knowledge base
- Precedent or pracitices around the extent to which people require learning, guidance, or support content in an ongoing basis is unclear

CONCLUSION:

- A highly fragmented landscape with few emergent patterns or "best pracitices"
- Supports the necessity to conduct research to understand the Veteran's mental model when learning, applying, and managing their benefits